

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54991
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date of Receipt
SEP 28 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0397
Date: 10-10-15
Amount Paid: \$75
Refund: 10-10-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Fisher, Paul Tamaras		Mailing Address:	31725 53rd Ave SW Federal Way WA 98023		Telephone:	
Address of Property:	84685 LENAWEE RD		City/State/Zip:	LENAWEE, WISCONSIN WI 54844		Cell Phone:	
Contractor:			Contractor Phone:	Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone:	Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-014-2-50-07-20-1-000-10000	Recorded Document: (i.e. Property Ownership) Volume 1093 Page(s) 218				
SE 1/4, NE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 20, Township 50 N, Range 07 W	Town of: Clover		Lot Size		Acreage		

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes—continue →	Distance Structure is from Shoreline: 160 feet	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: feet	<input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland						

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$12,500	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Aleration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: HT	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
		<input checked="" type="checkbox"/> None			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 40'	Width: 30'	Height: 20'
Proposed Construction:	Length: 2'	Width: 2'	Height: 2'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
	with Attached Garage	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Aleration (specify)	(X)	
	Accessory Building (specify) POLE BARN GARAGE	(30 X 40)	120042
	Accessory Building Addition/Aleration (specify)	(X)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

(we) Bayfield County Staff, including me, after examining the information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) may be a result of Bayfield County relying on the information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Paul Tamaras Fisher Date 9/28/15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(1)	Show location of:	Proposed Construction
(2)	Show / indicate:	North (N) on Plot Plan
(3)	Show location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4)	Show:	All Existing Structures on your Property
(5)	Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6)	Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7)	Show any (*):	(*) Wetlands; or (*) Slopes over 20%

15% of imp surface 195,000 x 15% = 29,250

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	75' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	42' Feet	Setback from the River, Stream, Creek	118' Feet
Setback from the North Lot Line	500 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	40 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1000' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	42' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	100' Feet	Setback to Well	120' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

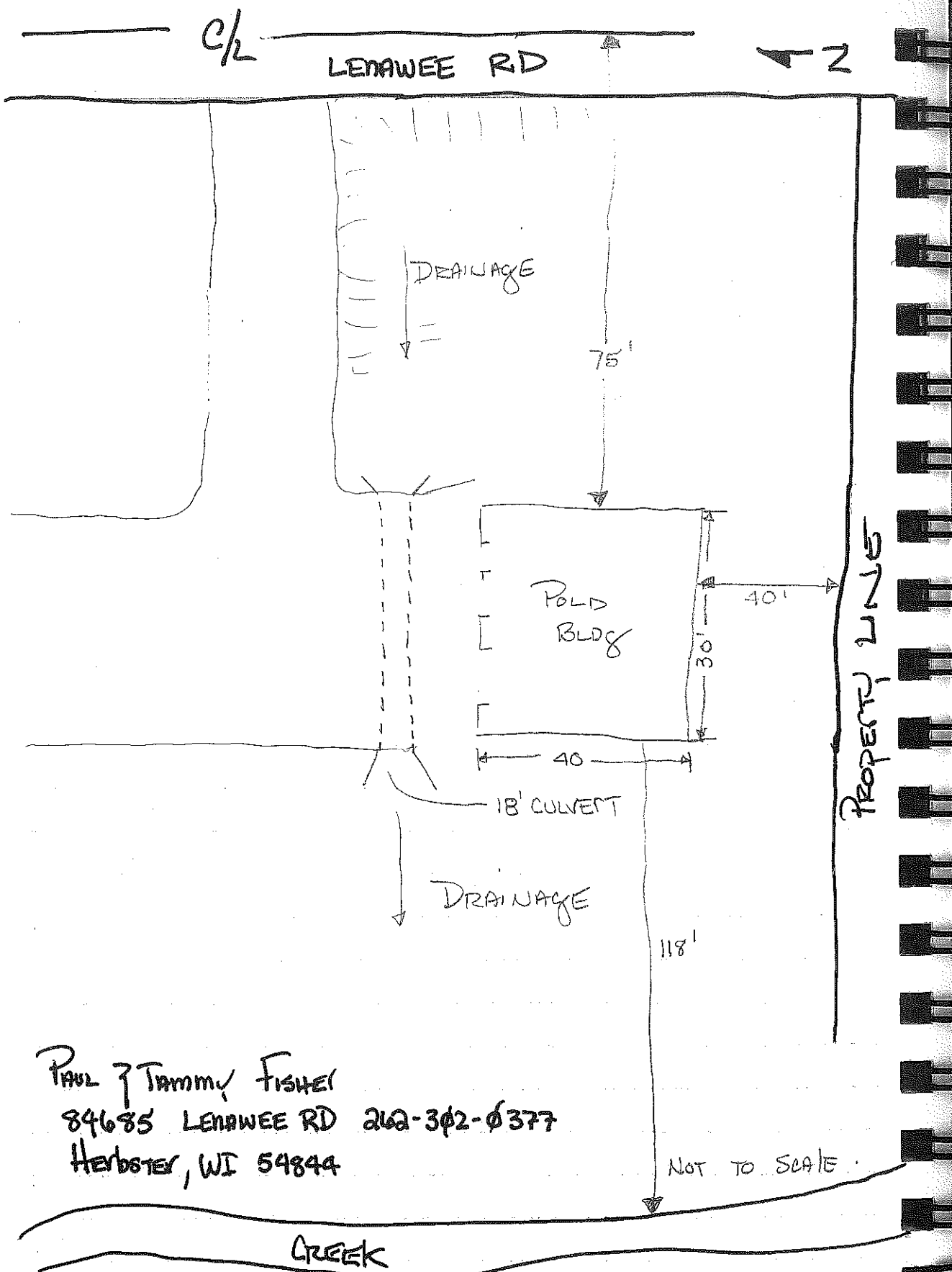
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:	Permit Date:			
150397 Is Parcel a Sub-Standard Lot? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel in Common Ownership? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Structure Non-Conforming? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10-12-15 157 157 (not recorded)			
Case #: Was Parcel Legally Created? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required Mitigation Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Sand lift & stakes in ground. Needs 10' ft setback to property line. 75 ft to all, even. 10' setback.	Were Property Lines Represented by Owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Property Surveyed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District: AC-1 Lakes Classification: 3. Str	Date of Re-Inspection:	
Date of inspection: 10-2 + 10-8 Inspected by: J. Cunningham	Conditions (San. Committee or Board Conditions Attached)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)			
Building & site shall be located a minimum of 30' from nearest side property line. Building not approved for any other habitation or sleeping purposes. No water plumbing fixtures or connection to preexisting water lines.				
Signature of Inspector: [Signature] Date of Approval: 10-9-15				

written approved connection to parents by MP.



PAUL & TAMMY FISHER
84685 LENAWE RD 262-302-0377
HERBSTER, WI 54844

NOT TO SCALE

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
OCT 05 2015

ENTERED Permit #: 150405
Date: 10/16/15
Amount Paid: \$75
Refund: 10/16/15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED -> <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: David R. DeBlasey	Mailing Address: P.O. Box 22	City/State/Zip: Herbolster, WI 54844	Telephone: 715-774-3218
Address of Property: 17305 STATE HWY 13	City/State/Zip: Herbolster, WI 54844	Contractor Phone: 309-716-8196	Plumber Phone: 309-716-8196
Contractor: Economy Garage	Agent Phone: 718-729-5106	Plumber: 718-729-5106	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Mailing Address (include City/State/Zip):		
PROJECT LOCATION: SE 1/4, NW 1/4	Legal Description: (Use Tax Statement) PIN: (23 digits) 04-014-2-50-07-02-2 04-000-30000	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____	Subdivision: _____
Gov't Lot _____	Lot(s) _____	CSM _____	Vol & Page _____
Lot(s) _____	CSM _____	Vol & Page _____	Lot(s) No. _____
Block(s) No. _____	Subdivision: _____	Lot Size 645x1317	Acreage 2.0 Acres
Section 2, Township 50 N, Range 7 W	Town of: Closer		
<input type="checkbox"/> Shoreland ->	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes--continue ->	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes--continue ->	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland			

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 15,600	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>11/2" black</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
	<input checked="" type="checkbox"/> REMOVE	<input checked="" type="checkbox"/> Garage	<input checked="" type="checkbox"/> w/new			

Existing Structure: (if being replaced, being applied for is relevant to it)	Length: 24	Width: 22	Height: 8
Proposed Construction:	Length: 26	Width: 26	Height: 8

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/> with Loft	() X ()		
<input type="checkbox"/> with a Porch	() X ()		
<input type="checkbox"/> with (2nd) Porch	() X ()		
<input type="checkbox"/> with a Deck	() X ()		
<input type="checkbox"/> with (2nd) Deck	() X ()		
<input type="checkbox"/> with Attached Garage	() X ()		
<input type="checkbox"/> Bunkhouse w/ () sanitary or () sleeping quarters, or () cooking & food prep facilities)	() X ()		
<input type="checkbox"/> Mobile Home (manufactured date) _____	() X ()		
<input type="checkbox"/> Addition/Alteration (specify) _____	() X ()		
<input checked="" type="checkbox"/> Accessory Building (specify) Garage	(26 X 26)		676
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()		
<input type="checkbox"/> Special Use: (explain) _____	() X ()		
<input type="checkbox"/> Conditional Use: (explain) _____	() X ()		
<input type="checkbox"/> Other: (explain) _____	() X ()		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

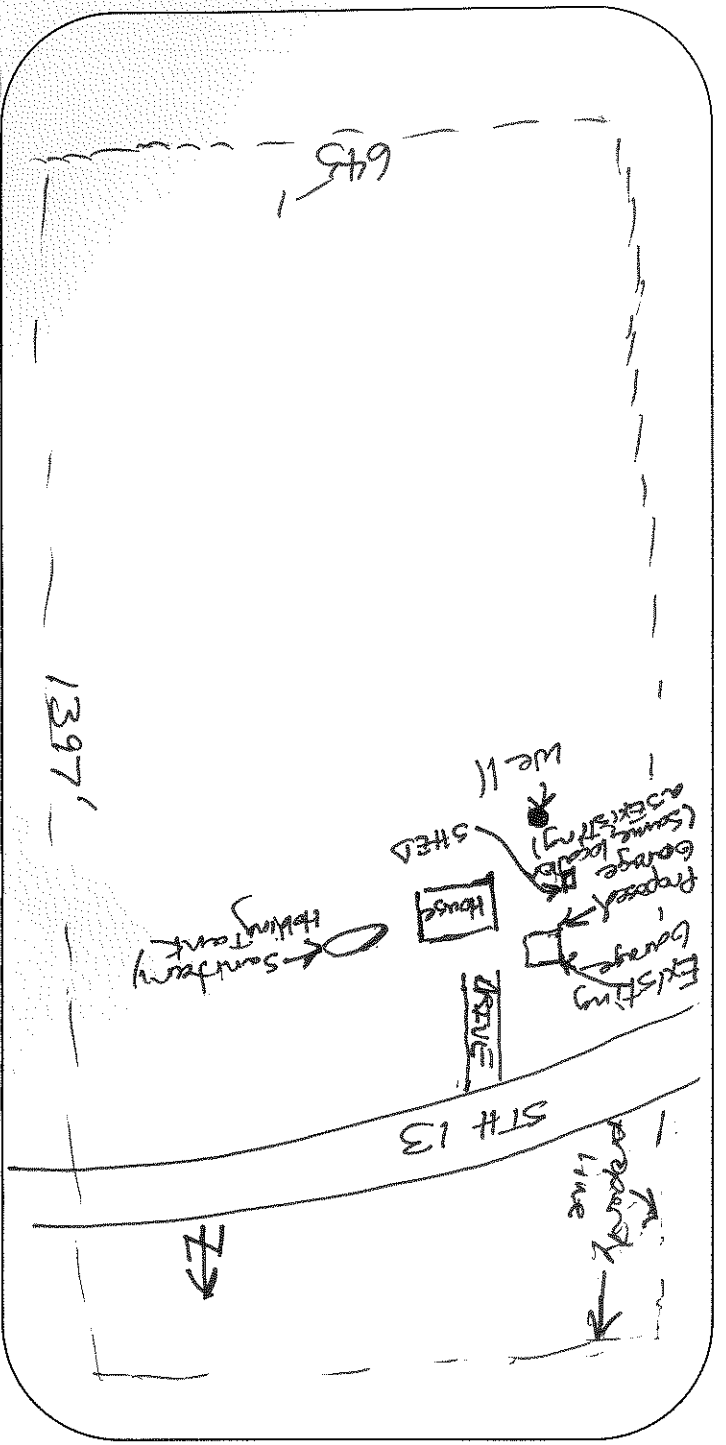
Owner(s): David R. DeBlasey Date 9-30-15
(If there are Multiple Owners listed on the Deed All Owners must sign or (letters) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit P.O. Box 22, Herbolster, WI 54844 Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Show: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	135 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	110 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	400 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	815 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	185 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	350 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	475 Feet	Setback to Well	500 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0405	Permit Date: 10-16-15			
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: No infra pipe found @ time of insp				
Date of Inspection: 10-13-15	Inspected by: C. B. B. Murphy			
Conditions (If any) Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)			
Building shall not be used for habitation & shall not contain indoor plumbing fixtures by connection to pressurized water unless approved connection to Pools				
Signature of Inspector:				
Held For Sanitary: <input type="checkbox"/>	Held For Tax: <input type="checkbox"/>	Held For Affidavit: <input type="checkbox"/>	Held For Fees: <input type="checkbox"/>	
MADE BY my.				
© October 2013				